

1 ☐

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11 ☐

DPS-45-520-5/93 **Mail To: Dept. of Transportation, Accident Records Program, 700 E. Broadway Ave., Pierre, S.D. 57501-2586**

STATE OF SOUTH DAKOTA INVESTIGATOR'S MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

Date of Accident MO. DA. YR.	And Time 24 Hour Clock	Day of Week - Check one <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Unk.	<input type="checkbox"/> DAY
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County _____ City Accident Occurred In/ Or Indicate Rural _____

_____ ☐ Miles & Tenths **N S E W**
☐ Feet ☐ ☐ ☐ ☐ of MRM (Milepost)

(1st) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐ } of Junction or City Limits
(2nd) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐ }
(3rd) _____ ☐ Miles & Tenths ☐ ☐ ☐ ☐ }

Displacement _____ Systems _____

x _____

y _____

Road on Which Accident Occurred _____

At Its Intersection With _____ Class _____ Hwy. No. _____ Suffix _____

If Not At Intersection _____ Feet **N S E W** of _____ (Show Nearest Intersecting Street)

<p>UNIT 1 <input type="checkbox"/> - MOTOR VEHICLE <input type="checkbox"/> - PEDESTRIAN <input type="checkbox"/> - BICYCLE DR. <input type="checkbox"/> - OTHER _____</p> <p>Full Name (Last, First, Middle) _____</p> <p>Address _____ City _____ State _____</p> <p>Date Of Birth MO DA YR Driver's License Number _____</p> <p>State Of Lic. _____ List Restriction(s) Not Complied With <input type="checkbox"/> None or NA</p> <p>Offense(s) Charged <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending</p> <p>Owners's Full Name <input type="checkbox"/> Check If Same As Driver</p> <p>Address _____ City _____ State _____</p> <p>Model Yr. Make Model</p> <p>Vehicle Registration Plate No. _____ Plate Yr. _____ State _____</p> <p>Vehicle Identification No. (VIN) _____ No. Of Occupants _____</p> <p>Trailer Owner's Full Name <input type="checkbox"/> No Trailer</p> <p>Address _____ City _____ State _____</p> <p>Trailer Registration Plate No. _____ Plate Yr. _____ State _____</p>	<p>UNIT 2 <input type="checkbox"/> - MOTOR VEHICLE <input type="checkbox"/> - PEDESTRIAN <input type="checkbox"/> - BICYCLE DR. <input type="checkbox"/> - OTHER _____</p> <p>Full Name (Last, First, Middle) _____</p> <p>Address _____ City _____ State _____</p> <p>Date Of Birth MO DA YR Driver's License Number _____</p> <p>State Of Lic. _____ List Restriction(s) Not Complied With <input type="checkbox"/> None or NA</p> <p>Offense(s) Charged <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending</p> <p>Owners's Full Name <input type="checkbox"/> Check If Same As Driver</p> <p>Address _____ City _____ State _____</p> <p>Model Yr. Make Model</p> <p>Vehicle Registration Plate No. _____ Plate Yr. _____ State _____</p> <p>Vehicle Identification No. (VIN) _____ No. Of Occupants _____</p> <p>Trailer Owner's Full Name <input type="checkbox"/> No Trailer</p> <p>Address _____ City _____ State _____</p> <p>Trailer Registration Plate No. _____ Plate Yr. _____ State _____</p>
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LIST INJURED PASSENGERS ONLY

Name, (Last, First, M.I.)	Address	UNIT NO.	OFF-ICE USE	AGE	SEX	EXECUTION	INJURY	LOCATION	SAFETY EQ.
UNIT 1 - <input type="checkbox"/> MV DRIVER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLE DR. <input type="checkbox"/> OTHER									
UNIT 2 - <input type="checkbox"/> MV DRIVER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLE DR. <input type="checkbox"/> OTHER									
Name, (Last, First, M.I.)									
Address									
Name, (Last, First, M.I.)									
Address									
Name, (Last, First, M.I.)									
Address									
Name, (Last, First, M.I.)									
Address									

ACCIDENT NUMBER - OFFICE USE ONLY

12 ☐

13 ☐

14 ☐

15 ☐

16 ☐

17 ☐

18 ☐

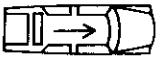
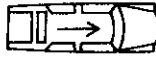
MOC ☐

FHE ☐

1		Police Notification Date MO. DA YR		And Time 24 Hour Clock		Police Arrival Date MO DA YR		And Time 24 Hour Clock		Officer Filing Report		Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	
2													
Officer Approving Report						Approval Date MO. DA YR		Agency Name		No. Motor Vehicles		No. Motor Vehicle Drivers	
1						List Damaged Objects:						List Damage Amount in Dollars for Objects: \$	
2													

HARMFUL EVENT

For each vehicle state the event which caused the most harm to the vehicle or its occupants. A death to an occupant has precedence over an injury and an injury has precedence over damage to the vehicle. (See examples in instructional manual)

VEH. 1:				VEH. 2:			
VEHICLE 1 DAMAGE AREA (Shade Damaged Areas)		DIRECTION OF TRAVEL BEFORE ACCIDENT N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Parked <input type="checkbox"/>		VEHICLE 2 DAMAGE AREA (Shade Damaged Areas)		DIRECTION OF TRAVEL BEFORE ACCIDENT N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Parked <input type="checkbox"/>	
		SPEED LIMIT (mph) <input type="text"/> EST TRAVEL SPEED (mph) <input type="text"/>				SPEED LIMIT (mph) <input type="text"/> EST TRAVEL SPEED (mph) <input type="text"/>	
<input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM <input type="checkbox"/> ROLLOVER Property Damage Amount Veh. And Contents \$ <input type="text"/>		Speed-How Estimated <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Occupant Statement <input type="checkbox"/> Witness Statement <input type="checkbox"/> No Estimate <input type="checkbox"/>		<input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM <input type="checkbox"/> ROLLOVER Property Damage Amount Veh. And Contents \$ <input type="text"/>		Speed-How Estimated <input type="checkbox"/> Officer Estimate <input type="checkbox"/> Driver Statement <input type="checkbox"/> Occupant Statement <input type="checkbox"/> Witness Statement <input type="checkbox"/> No Estimate <input type="checkbox"/>	
Vehicle Towed Away <input type="checkbox"/> Yes <input type="checkbox"/> No				Vehicle Towed Away <input type="checkbox"/> Yes <input type="checkbox"/> No			

PROOF OF FINANCIAL RESPONSIBILITY			
UNIT 1 Policy #		UNIT 2 Policy #	
Insurer:		Insurer:	
EFF. DT.		EFF. DT.	
EXP. DT.		EXP. DT.	

NARRATIVE: DESCRIBE WHAT HAPPENED

1			
2			
1			
1			
2			
2			
2			



INDICATE NORTH

ACCIDENT DIAGRAM

1			
2			
1			
1			
2			
2			